

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00486845		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Public Policy Polling</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>		
Mailing Address <b>2912 Highwoods Blvd</b>			Amount <b>1500.00</b>		
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27604-1064</b>	Transaction ID : <b>EAF65D9AF3A8844E398F</b> Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure <b>Polling</b>		Category/Type	MM / DD / YYYY		
Name of Federal Candidate <b>Mary Michelle Nunn</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1574.93</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type	MM / DD / YYYY		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>1500.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			<b>1500.00</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Patrick Collins</i>		[Electronically Filed]		Date MM / DD / YYYY <b>10 / 28 / 2014</b>	